## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE **Commissioner for Patents** P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or <u>Fax</u>

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing must CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

TPF

EDMUND P. AN DELPHI TECHNO Legal Staff Mail Co P.O. Box 5052 Troy, MI 48007-50	DLOGIES, INC. ode: 480-414-420	31295935	2 9 2005	FICE	hereby certify that the states Postal Service viddressed to the Mai ransmitted to the USP	tificate of Mailing or	is being deposited with the for first class mail in address above, or being on the date indicated belot (Deposition of the date indicated belot (Deposition of the date)	the United in envelope (facsimile by).  (Signature)  (Date)
09/954,886	09/18/2001	Sanket S. Amberkar				DE3-0173/DP-302828 8234		
TITLE OF INVENTION: R	OBUST STEERLING-PUL		PENSATION		08/31/2005 LWD 01 FC:1501 02 FC:1504 03 FC:8001	NDIM2 00000144 5 1400.00 DA 300.00 DA 6.00 DA	600831 09954886	
APPLN. TYPE	SMALL ENTITY	ISSUE FE		PUBLICATION FEE		TOTAL FEE(S) DUE DATE DUE		
nonprovisional	NO	\$1400	\$300		\$300	\$1700	09/30/200	)5
EXAMINER			т	CLASS-SUBCLASS				
BROADHEA	3661			701-041000	•			
1. Change of correspondence CFR 1.363).  Change of correspond Address form PTO/SB/12  "Fee Address" indicat PTO/SB/47; Rev 03-02 o Number is required.	Correspondence	2. For printing on the patent front page, list  (i) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  Michael D. Smith						
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
DELPHI TECHNOLOGIES, INC.			TROY, MICHIGAN					
Please check the appropriate	assignee category or catego	ries (will not be pri	nted on the pate	ent) :	☐ Individual ☐ Co	orporation or other pri	ivate group entity 🚨 Go	overnment
Please check the appropriate assignee category or categories (will not be printed on the patent):								
Issue Fee		A check in the amount of the fee(s) is enclosed.						
Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.					
Advance Order - # of		Deposit Account Number (enclose an extra copy of this form).						
5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).								
The Director of the USPTO i NOTE: The Issue Fee and Pu interest as shown by the reco	is requested to apply the Issu ublication Fee (if required) we rds of the United States Pate	ue Fee and Publicate will not be accepted ent and Trademark	ion Fee (if any) from anyone o Office.	or to rether that	e-apply any previously in the applicant; a regi	y paid issue fee to the stered attorney or age	application identified ab nt; or the assignee or oth	ove. er party in
Authorized Signature Date 8-29-05								
Typed or printed name USGN DSL Shave Registration No								
This collection of information an application. Confidentialis submitting the completed apthis form and/or suggestions Box 1450, Alexandria, Virgina 22313-1	ty is governed by 35 U.S.C. plication form to the USPT for reducing this burden, sh nia 22313-1450. DO NOT	122 and 37 CFR 1 O. Time will vary o	.14. This collect depending upor Chief Informat	ction is n the in tion Of	estimated to take 12 i dividual case. Any co ficer U.S. Patent and	ninutes to complete, i mments on the amous Trademark Office 11	including gathering, prep int of time you require to S. Department of Comm	aring, and complete serce P O

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.